

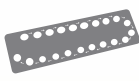
















Birth Control Methods

An overview of today's options to help you choose what's best for your life stage.

Brought to you by MyLifeStages and Davis OBGyn Susan Maayah, M.D.

A Word About Hormonal Birth Control Options. Hormonal birth control methods—particularly those delivering higher levels of estrogen—may increase a woman's risk of blood clots, elevated blood pressure and stroke. However, the risk is minimal in healthy women. You should not use hormonal methods if you have serious heart or liver disease, known blood clotting, or breast or uterine cancer.

HORMONAL OPTIONS	How to Use	Effectiveness	Best Age	Cautions/Considerations
The Pill (21 & 28 day oral contraception) 	Take 1 pill every day, as directed. Period occurs every 28 days for both.	Approx 99% effective	20s & 30s (40s if not a smoker or obese)	<ul style="list-style-type: none"> Great for women who have menstrual pain or heavy periods. May pose increased risk for migraine sufferers, smokers and those who are overweight. Be sure to tell your doctor if you fall into one of these categories. May cause weight gain, nausea or mood changes. Slight risk for blood clots; minimal in healthy women.
Extended-cycle oral contraception 	Take 1 pill every day for three months. 4 periods per year.	Approx 99% effective	20s & 30s (40s if not a smoker or obese)	<ul style="list-style-type: none"> These pills do not contain estrogen. May be prescribed in women who are breast feeding or who do not react well to estrogen.
Mini pills 	Take 1 pill every day.	Approx 99% effective	20s & 30s (40s if not a smoker or obese)	<ul style="list-style-type: none"> Side effects can include reduction in bone density.
Depo-Provera Injection 	Every 3 months.	Approx 99% effective	20s & 30s (40s if not a smoker or obese)	<ul style="list-style-type: none"> Women with blood clots, certain cancers and/or who smoke should NOT use a vaginal ring. Can cause irritation and susceptibility to infection.
Vaginal ring (hormonal) 	Insert monthly. Stays in place for 21 days.	Approx 99% effective	20s & 30s (40s if not a smoker or obese)	<ul style="list-style-type: none"> The Patch may result in higher estrogen serum levels than with combination birth control pills. Follow same precautions as with the pill and vaginal ring.
Contraceptive patch 	Applies to skin. Change out weekly.	Approx 99% effective	20s & 30s (40s if not a smoker or obese)	<ul style="list-style-type: none"> Can reduce menstrual flow each month, after initial period of adjustment. Very light or no menses with Mirena. Some women don't tolerate the IUD within the uterus and may experience ongoing discomfort.
IUD (hormonal) 	Inserted in uterus. Remains for up to 5 years.	Approx 99% effective	20s & 30s (40s if not a smoker or obese).	<ul style="list-style-type: none"> Must be taken within 72 hours of unprotected sex. Take exactly as directed. Do not take if you know you are already pregnant. Do not use in place of having regular contraception.
Emergency contraceptive pill 	Take 1st pill within 72 hours after contraceptive failure or unprotected sex. Take 2nd pill 12 hours after 1st dose.	Approx 89% effective	Appropriate for any woman to prevent pregnancy after contraceptive failure or unprotected sex.	
BARRIER METHODS	How to Use	Effectiveness	Best Age	Cautions/Considerations
Male condom 	Wear during sex.	Approx 97% effective	20s, 30s, 40s, 50s.	<ul style="list-style-type: none"> Condoms can have a failure rate of up to 20%. Allergic reactions to latex.
Female condom 	Insert before sex.	Approx 95% effective	Best for women having sex infrequently. Can be used by people allergic to latex.	<ul style="list-style-type: none"> Female condoms have a failure rate of 21%. Difficulty in proper placement in the vagina. Condom can slip inside the vagina.
Diaphragm 	Insert before sex.	Approx 94% effective if used with spermicide	Not highly recommended for any age.	<ul style="list-style-type: none"> Difficult to use and now even difficult to acquire as most pharmacies do not carry. Must be fitted by a gynecologist (with future fittings necessary for weight changes, etc.).
Cervical Cap 	Insert before sex.	Approx 91% effective if never pregnant; 74% after giving birth	Best for women having sex infrequently.	<ul style="list-style-type: none"> Allergic reactions and irritation. Toxic shock possible if left in too long.
Spermicide 	Apply before sex.	Approx 94% effective	Women of all ages	<ul style="list-style-type: none"> Spermicide has a failure rate of 26% when used alone. Always use in conjunction with barrier method contraception. Some women & men may be allergic to spermicides.
IUD (copper) 	Inserted in uterus. Remains for up to 10 years.	Approx 98.5% effective	Women of all ages.	<ul style="list-style-type: none"> Some women don't tolerate the IUD within the uterus and experience ongoing discomfort.
Female sterilization (tubes tied) 	Surgery. No action after.	Approx 99.5% effective	40s & 50s	<ul style="list-style-type: none"> Female sterilization is not designed to be reversible. Reversals can be complicated and expensive.
Female sterilization (non-surgical) 	A painless in-office procedure called "Essure" in which soft inserts are placed in the fallopian tubes to form a permanent barrier.	Approx 99.5% effective	40s & 50s	<ul style="list-style-type: none"> Female sterilization is not designed to be reversible. Reversals can be complicated and expensive.
Male sterilization (vasectomy) 	Surgery. No action after.	Approx 99.9% effective	40s & 50s	<ul style="list-style-type: none"> Male sterilization is not designed to be reversible. Reversals can be complicated and expensive.